

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -8 AM 11:41

1. DOCUMENT # L01000020282

Name and Mailing Address

0006824 01 AT 0.292 **AUTO T6 0 0615 33157-554679



HEADZ UP, LLC
18079 S. DIXIE HWY
MIAMI FL 33157-5546



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/26/2001	
Principal Place of Business 18079 S. DIXIE HWY MIAMI FL 33157	3. New Principal Place of Business Address	6. FEI Number 65-1154256	Applied For <input checked="" type="checkbox"/> Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent	
COLLINS, LAZARUS 18079 S. DIXIE HWY. MIAMI FL 33157	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	
	FL	Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent [Signature] **SIGNATURE REQUIRED** Date 12/2/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	COLLINS, LAZARUS	18079 S. DIXIE HWY	MIAMI FL 33157
400025263964 12/00/03-01001-021 **155.00			
REINSTATEMENT <u>03-cw</u> <u>acc</u>			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager [Signature] **SIGNATURE REQUIRED** Date 12/2/03 Daytime Phone # (786) 242-7800

Typed or printed name of signing Managing Member/Manager Lazarus A Collins